

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

97 NOV 14 AM 10:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **H93735**

1. Corporation Name

**PROFIT CENTER OF JAX, INC.**

Principal Place of Business

**695-A-1-A, N., #120  
PONTE VEDRA BEACH, FL  
32082**

Mailing Address

**PO BOX 51473  
JACKSONVILLE BEACH, FL  
32240-1473**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**JANUARY 17, 1986**

5. FEI Number

**54-2932323**

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required  
for a Certificate of Status**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
PRES.	SALVATORE J. GIOIA	695-A-1-A, N., #120 PONTE VEDRA BCH, FL 32082	
V.PRES	BARBARA A. GIOIA	695-A-1-A, N., #120	PONTEVEDRA BCH, FL 32082

8. Name and Address of Current Registered Agent

**SALVATORE J. GIOIA, PRES  
695-A-1-A, N., #120  
PONTE VEDRA BCH, FL 32082**

9. Name and Address of New Registered Agent \*\*\*365.00

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date **11/11/97**

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes.

Yes ☒ No ☐

(See other side for information  
on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

**SALVATORE J. GIOIA, PRES**

SIGNATURE:

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**11/11/97**  
Date

**(904) 285-2871**  
Daytime Phone #

CR2500 (12/95)

SAL GIOIA  
695 A-1-A NORTH  
UNIT 120  
PONTE VEDRA BEACH, FL 32082

Request taken by: slogan  
11-05-1997

The forms you recently requested from this office are:

- (1) 203. Reinstatement (Corp)

Should you have any questions or need any further information,  
please contact us at the address below:

Division of Corporations - P.O. BOX 6327 - Tallahassee FL 32314

*I did not file last year because I did not  
receive a Renewal Certificate. According to your  
instructions I am enclosing a check for \$365.00 to  
cover last year (\$200.00) and this year (\$165.00). Thank you  
for your assistance.*

*Yours on duty*

*SALVATORE J. GIOIA, PRES*